

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

APPLICATION FOR A CLASS C
CHARTER CERTIFICATE FROM
CLIFFCO, LLC
D/B/A COMPASS TRANSPORTATION

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: 2008 - 58 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: CLIFFCO, LLC

Telephone: 843.559.0410

Address: D/B/A COMPASS TRANSPORTATION
3226 MAYBANK HIGHWAY, #E3
JOHNS ISLAND, SC 29455

Fax:

Other:

Email: CLIFF@RIDECOMPASS.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input checked="" type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate Increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE JANUARY 31, 20 08**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

CLIFFCO, LLC D/B/A COMPASS TRANSPORTATION

2. (a) Street Address of Applicant 3226 MAYBANK HIGHWAY

SUITE E3 JOHNS ISLAND, SC 29455

(b) Mailing address, if different from street address _____

(c) Telephone Number 843.559.0410 Fed I

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

LIMITED LIABILITY COMPANYCLIFFORD D. PATE & JASON M. CRONEN, MANAGING PARTNER

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.
6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: JANUARY Year: 2008

Assets:	
Cash + <u>MARKETABLE SECURITIES</u>	\$ <u>30,000</u>
Receivables	
Real Estate	
Buildings and Equipment-Net	
Motor Vehicles-Net	\$ <u>60,000</u>
Garage Equipment-Net	\$ <u>1,000</u>
Machinery and Tools-Net	
Supplies on Hand	\$ <u>500</u>
Prepays and Other Assets	\$ <u>5,000</u>
Total Assets	\$ <u>96,500</u>
Liabilities and Equity:	
Accounts Payable	
Notes Payable	\$ <u>60,000</u>
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	\$ <u>6,000</u>
Other Accrued Obligations	
Other Liabilities <u>FEES + INSURANCE</u>	\$ <u>7,500</u>
Total Liabilities	
Capital Stock	
Retained Earnings <u>(DEBT SERVICE RESERVE FUND)</u>	\$ <u>4,800</u>
Total Equity	\$ <u>18,200</u>
Total Liabilities and Equity	\$ <u>96,500</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Clifford Pate, Managing Partner
(Name of Applicant's Representative) (Title)

of Cliffco LLC, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At Charleston S.C.

This the 1ST day of February, 20 08

[Signature]
(Notary Public)

[Signature]
(Signature of Applicant's Representative)

Commission Expires: 6/6/2013

EXHIBIT C

CLASS C

TAXI

CHARTER ☒

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant CLIFFCO, LLC D/B/A COMPASS TRANSPORTATION

For the transportation of passengers as follows:

Area to be served: STATEWIDE

Number of passengers: 4 PASSENGERS PER VEHICLE

Fares: \$55 PER HOUR // FEE SCHEDULE BASED
ON THIS

Date 31 JANUARY

By

OWNER / MANAGING PARTNER
Title

Rev.10/03

EXHIBIT D

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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2007 LINCOLN TOWN CAR 1LNHM81V57Y628868 4200 LBS / 4 PASS.

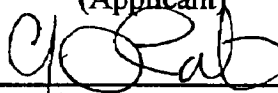
2007 LINCOLN TOWN CAR 1LNHM81V97Y624029 4200 LBS / 4 PASS

WILL TAKE DELIVERY ON 4 FEBRUARY 2008

* Seats if passenger carrier.

Date: 31 JANUARY 2008

CLIFFCO, LLC D/B/A COMPASS TRANSPORTATION
(Applicant)


(Applicant's Representative)

MANAGING PARTNER
(Title)

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

CLIFFCO LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on January 22nd, 2007, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
30th day of January, 2007.

A handwritten signature in cursive script that reads "Mark Hammond".
Mark Hammond, Secretary of State

Feb 11 08 10:57a HOPE

8437249770

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INSURANCE QUOTE

The following insurance quote is for:

CLIFFCO, LLC D/B/A COMPASS TRANSPORTATION
(Name of Motor Carrier)3226 MAYBANK HIGHWAY - SUITE E3 - JOHNS ISLAND, SC
(Address of Motor Carrier) 29455**Amount of Premium:**Liability Insurance \$18,172 @ \$1m CSL Liability & UM
\$5k Med PayThe above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

<u>1 - 7 passengers</u>	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Berkshire Hathaway Brokered thru Johnson & Johnson
(Insurance Company Name)9290 W. Dodge Rd, Sk. 300, Omaha, NE 68114
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

2/11/08

Date

Narla Harsh - Agent Anderson Ins. Assoc.
(Authorized Insurance Company Representative)

Rev 5/07

EXHIBIT FWA

Name: CLIFFCO, LLC D/B/A COMPASS TRANSPORTATION

Address: 3226 MAYBANK HIGHWAY-SUITE E3-JOHNS ISLAND, SC

Telephone No. 843.559.0410 **Fax No.** SAME//PLEASE CALL 1ST! 29455

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No X Pending _____ (Submit when received)

(If "yes", indicate rating and provide copy)

Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No X

(If "yes", indicate nature of judgment(s).)

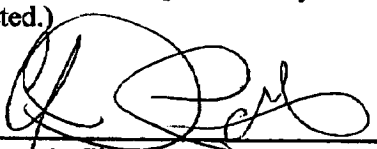
4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)


(Applicant's Signature)

Sworn to before me

At Charleston, SC

This 11th day of February, 2008

Sharon Niederwelder
(Notary Public)

Commission Expires: 6/13/2017